

website: www.lsse.org, email: lsse@amherstma.gov

Please first utilize the Voucher Day Care Program when applying for day camp or after school program assistance.

Section B: Information About Your Need for Assistance

Directions: Choose **ONE** of the following three methods for us to verify your need for assistance:

Method A

Use 2015 income tax figures from a completed or estimated 2015 IRS form 1040, 1040A or 1040EZ.

1. Number Exemptions: _____
2. Adjusted Gross Income: \$ _____
3. Please attach a copy of your 2015 tax form to this application.

- OR -

Method B:

Answer the following and provide verification/documentation for each source of income.

1. 2015 Income earned from employment (please provide at least 4 consecutive paystubs).

You \$ _____

Spouse/Partner \$ _____

2. 2015 Interest Income \$ _____

3. Dividend Income \$ _____

4. Alimony \$ _____

5. Unemployment Benefits \$ _____

6. Help from another \$ _____

7. Self-Employed Income \$ _____
(please attach financial statement for past 12 months)

8. Other Income (please specify)
_____ \$ _____

TOTAL INCOME \$ _____

Method C:

Answer the following and provide verification/documentation for each source of income.

1. Child Support Received for all Children
\$ _____

2. Aid to Families with Dependent Children (AFDC)
\$ _____

3. Social Security/Pension Benefits
\$ _____

4. SSI (Supplemental Security Income)
\$ _____

5. Food Stamp Benefits \$ _____

6. Workers' Compensation \$ _____

7. Student Loans, Grants or Scholarships
\$ _____

8. Free or Reduced Lunch Free _____ Reduced _____

9. Veteran's Services (State or Federal)
\$ _____

10. Trust Funds, Annuities, or Settlements
\$ _____

TOTAL INCOME \$ _____

I verify that all information contained in this application is accurate and true to the best of my knowledge and that this application reflects my household's true total income. I understand that I am required to notify LSSE immediately of any changes that increase my total household income.

Signature

Date